Provisional Provisional

State ID:	00000	Facility Name:	-

TENNESSEE DEPARTMENT OF HEALTH
Health Statistics
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Telephone: (615) 741-1954 Fax: (615) 253-1688

JOINT ANNUAL REPORT OF HOSPICE
2014

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule A - Identification

According to the Department of Health rules and regulations section 1200-8-27-.11(1) and 1200-8-15-.11(1), "a yearly statistical report, the 'Joint Annual Report,'…shall be submitted to the Department." Report data for the year noted on the first page. Please read all information carefully before completing your Joint Annual Report. Please complete all items on the Joint Annual Report. Use 0 (zero) when appropriate. Check all computations, especially where a total is required. Please check all checkboxes. Any items which appear to be inconsistent will be queried. **Facilities will be reported to the Board for Licensing Health Care Facilities for both failure to file forms and failure to respond to queries.** A section for comments relating to the unique aspect of your agency is available at the end of each schedule.

Facility	State ID				
	Hospice Name	-			
	Did the facility name change during the reporting period? Yes/No	-			
	If Yes, Prior Name				
	Street Address	-			
	City	-	County	-	
	State	-	Zip Code (5 digit)	-	
	Phone				
	Mailing Address same as Street Address? If Yes, proceed to next section. Yes/No	-			
	Mailing Address				
	City				
	State		Zip Code (5 digit)		
Residential	Facility a residential Hospice? Yes/No	-	If Yes, Number of beds		
Preparer	Name		Phone		
	Title				
	E-Mail				

Ownership	Individual	-	Race of the individual owner	-		
	Partnership	-	If owned by corporation or partnership, give the number of board members by race	White	Black	Other
	Corporation	-				
	Name					
	Street Address					
	City		Phone			
	State		Zip Code			

Reporting Period	In the event that a reporting period other than July 1 through June 30 is used for statistical information, please report data for the last day of your reporting period when information is requested for June 30. If you are reporting for less than 365 days, utilization and financial data should be presented for days reported only. The reporting period for the hospice JAR report does not need to match the reporting period for an affiliated hospital.		
	Is the reporting period July 1 - June 30 of the year specified above? Yes/No	-	
	If unable to report based on above dates, provide beginning and ending dates (used for all utilization and financial data):	Beginning (mm/dd/yyyy)	
		Ending (mm/dd/yyyy)	
Administration	Administrator's Name		

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule B - Classification

The type of legal entity, except proprietorship, general partnerships and government entities, can be confirmed by entering the legal entity's name into a search at the Secretary of State web site: https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx

Owner Type	For Profit	-	Proprietorship - a business owned by one person.	
		-	General Partnership - an association of two or more persons to carry on as co-owners of a business or other undertaking for profit formed under § 61-1-202, predecessor law, or comparable law of another jurisdiction. TCA Title 61 Chapter 1	
		-	Limited Partnership (LP) - a partnership formed by two or more persons under the laws of the state of Tennessee, and having one or more general partners and one or more limited partners. TCA Title 61 Chapter 2	
		-	Limited Liability Partnership (LLP) - governed by TCA § 61-1-106 (c). The law of this state governs relations among the partners and between the partners and the partnership and the liability of partners for an obligation of a limited liability partnership that has filed an application as a limited liability partnership in this state.	
		-	Limited Liability Company (LLC) - established by the "The Tennessee Limited Liability Company Act" found in the Tennessee Code Annotated, § 48-201-101 through § 48-248-606.	
		-	Corporation - defined by the "Tennessee Business Corporation Act" codified in TCA Title 48 Chapters 11-27.	
	Not for Profit	-	Non-Religious Corporation or Association - defined by the "Tennessee Nonprofit Corporation Act" codified in TCA Title 48 Chapters 51-68.	
		-	Religious Corporation or Association - either a corporation or association that is organized and operated primarily or exclusively for religious purposes. Most of the provisions of the Tennessee Nonprofit Corporation Act apply to a religious corporation. Exceptions are specified in TCA § 48-67-102.	
		-	Limited Liability Company (LLC) - a company that is disregarded as an entity for federal income tax purposes, and whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in TCA § 67-4-1004(15).	
	Govern-ment	-	City	
		-	County	
		-	State	
		-	Federal	
		-	Other Government, Specify	

Structure	Type		Name of Facility
	-	Hospital Based	
	-	Nursing Home Based	
	-	Home Health Agency Based	
	-	Free-Standing	

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule C - Accreditations and Approvals

Accreditation	Yes/No	-	Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	
	Yes/No	-	National League of Nursing (NLN)	
	Yes/No	-	Community Health Accreditation Program (CHAP)	
Membership	Yes/No	-	National Hospice and Palliative Care Organization (NHPCO)	
	Yes/No	-	Tennessee Hospice Organization (THO)	
	Yes/No	-	Tennessee Association for Home Care (TAHC)	
	Yes/No	-	THA Home Care Alliance	
	Yes/No	-	Other 1, specify	
	Yes/No	-	Other 2, specify	
	Yes/No	-	Other 3, specify	
Payor Participation	Yes/No	-	TRICARE/CHAMPUS	
	Yes/No	-	Medicare	
	Yes/No	-	TennCare	

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule D - Finances

Please note: This reporting period should be consistent with the reporting period listed in Schedule A of this report.

Net Revenue by Revenue Source

Enter the amount of net revenue (total charges minus adjustments such as contractual adjustments and bad debt) that your organization received from each of the sources listed during the reporting period.

TennCare – Tennessee's Medicaid program that is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources.

Medicare – the federal health insurance program for: people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).

TRICARE/CHAMPUS – the health care program for active duty members of the military, military retirees, and their eligible dependents.

Private Pay – payment coming from consumers.

Other Pay Source – payment coming from sources not included in this specific list of sources.

Revenue Source	Amount
TennCare (include funds for nursing home room and board)	
Medicare	
TRICARE/CHAMPUS	
Private Pay	
Other Pay Source	
(System Calculation) Net Revenue Total	$0

Charity Care

Charity Care: Report as a positive number. Do not include other adjustment to gross revenue such as contractual allowances (e.g. discounts) or bad debt (e.g. not receiving expected payments).	

Charity Care – services provided to medically needy persons for which the agency does not expect payment. These persons have insufficient income and/or assets with which to pay for their care. "Insufficient income" is defined as an amount not to exceed one hundred percent (100%) of the federal poverty guidelines. They are not eligible for Medicaid or other state or federal programs, or benefits of these programs have been exhausted. The patient has no insurance or has a very limited insurance policy.

Costs

Total program costs for reporting period (include payment for TennCare nursing home room and board, if applicable)	

Medicare Per Diem Rates

Medicare Per Diem Rates By Level of Care:
(amount Medicare reimburses for one day at these levels of care)

Routine Hospice Care	
Continuous Hospice Care	
General Inpatient	
Respite Inpatient	

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule E - Availability and Utilization of Services

Referrals	Total number of referrals admitted to organization			
	Total number of referrals not appropriate for admission			
Patients Served	Unduplicated number of patients served during the reporting period (Number of patients receiving services on day one of reporting period plus number of admissions during the reporting period)			
Services through other facility	Does your agency provide services to patients located at another type of healthcare facility? If yes, please provide information:		Yes/No	-
	Hospital Services Provided	Were services provided to patients located in a hospital?	Yes/No	-
		If yes, number of patients that received services located in a hospital.		
		If yes, which hospital(s)		
	Nursing Home Services Provided	Were services provided to patients located in a nursing home?	Yes/No	-
		If yes, number of patients that received services located in a nursing home.		
		If yes, which nursing home(s)		

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule E - Availability and Utilization of Services

Services through other Facility (continued)	Assisted Care Living Facility Services Provided	Were services provided to patients located in an assisted-care living facility (ACLF)?	Yes/No	-
		If yes, number of patients that received services located in an assisted-care living facility.		
		If yes, which ACLF(s)		

Do not enter zero. Blank fields will represent zero discharges.

List the number of discharges by reason during reporting period. Total Patient Days should be calculated from date of admission to date of discharge.

Discharges	Reason for Discharge	Number Discharged	Total Patient Days
	Physician order (Unplanned)		
	Death		
	Patient Request		
	Transfer out of service area		
	Revoked hospice benefit		
	Patient no longer met payor's hospice qualifications for eligibility/coverage criteria		
	Other		
	(System Calculation) Total Discharges	0	0

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule E - Availability and Utilization of Services

Do not enter zero. Blank fields will represent zero discharges.

Patients Served

Please specify the total number of patients served who received the services below and the number of days or visits provided to those patients. For per diem payors, exclude number of visits.

Payor / Discipline	TennCare			
	Per Diem Patients	Days	Per Visit Patients	Visits
Routine Hospice Care				
General Inpatient Care				
Continuous Care				
Respite Inpatient Care				
(System Calculation) Total	0	0	0	0

Payor / Discipline	Medicare	
	Patients	Days
Routine Hospice Care		
General Inpatient Care		
Continuous Care		
Respite Inpatient Care		
(System Calculation) Total	0	0

Payor / Discipline	TRICARE/CHAMPUS			
	Per Diem Patients	Days	Per Visit Patients	Visits
Routine Hospice Care				
General Inpatient Care				
Continuous Care				
Respite Inpatient Care				
(System Calculation) Total	0	0	0	0

Payor / Discipline	Private Pay	
	Patients	Days
Routine Hospice Care		
General Inpatient Care		
Continuous Care		
Respite Inpatient Care		
(System Calculation) Total	0	0

Payor / Discipline	Other Pay Source			
	Per Diem Patients	Days	Per Visit Patients	Visits
Routine Hospice Care				
General Inpatient Care				
Continuous Care				
Respite Inpatient Care				
(System Calculation) Total	0	0	0	0

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule E - Availability and Utilization of Services

Do not enter zero. Blank fields will represent zero discharges.

Patients Served (Continued)

Payor / Discipline	Charity: Patients	Charity: Days
Routine Hospice Care		
General Inpatient Care		
Continuous Care		
Respite Inpatient Care		
(System Calculation) Total	0	0

Average Length of Service (ALOS)	All patients ALOS in days	
	Medicare patients ALOS in days	
Number of Visits by Discipline	RN/LPN	
	Social Worker	
	Chaplain	
	Hospice Aide	
	Therapies (PT, ST, OT, RT)	
	Nutritionist/Dietician	
	Volunteer Coordinator	
	Bereavement Coordinator	
	Other, Specify	
	Other, Specify	
	Other, Specify	
	(System Calculation) Total	0

Bereavement	Total number bereavement cases hospice followed during reporting period	
	Bereavement services offered (check all that are available)	
	- Group Support	
	- Children's Day Camp	
	- Mailings	
	- Individual Follow-up	
	- Bereavement Visits	
	- Funeral Visitation	
	- Remembrance Items	
	- Other, Specify	
	- Other, Specify	
	- Other, Specify	

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule F - Patient Utilization

1) Check the box beside each county this hospice is licensed to operate in regardless of whether any residents from that county received services.
2) Indicate by resident county the number of patients who received hospice services by age groups (0-17 years, 18-64 years, 65-74 years, and 75+ years) and by race (White, Black, and Other; Other includes American Indian, Alaska Native, Asian, Native Hawaiian, and Other Pacific Islander) and Total Patients.
3) Indicate the total number of days of service provided by county.

Do not enter zero. Blank fields will represent zero residents.

Patient Origin

TN Counties

Check the counties you are licensed to serve		Number of Patients Served				Total Patients (System Calculation)	Number of Days	Number of Patients Served		
		Age (in years)						Race		
		0-17	18-64	65-74	75 +			White	Black	Other
-	01 Anderson					0				
-	02 Bedford					0				
-	03 Benton					0				
-	04 Bledsoe					0				
-	05 Blount					0				
-	06 Bradley					0				
-	07 Campbell					0				
-	08 Cannon					0				
-	09 Carroll					0				
-	10 Carter					0				
-	11 Cheatham					0				
-	12 Chester					0				
-	13 Claiborne					0				
-	14 Clay					0				
-	15 Cocke					0				
-	16 Coffee					0				
-	17 Crockett					0				
-	18 Cumberland					0				
-	19 Davidson					0				
-	20 Decatur					0				
-	21 DeKalb					0				
-	22 Dickson					0				
-	23 Dyer					0				
-	24 Fayette					0				
-	25 Fentress					0				
-	26 Franklin					0				
-	27 Gibson					0				
-	28 Giles					0				
-	29 Grainger					0				
-	30 Greene					0				
-	31 Grundy					0				

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule F - Patient Utilization (Continued)

Do not enter zero. Blank fields will represent zero residents.

Patient Origin TN Counties	Check the counties you are licensed to serve		Number of Patients Served Age (in years) 0-17	18-64	65-74	75 +	Total Patients (System Calculation)	Number of Days	Number of Patients Served Race White	Black	Other
	-	32 Hamblen					0				
	-	33 Hamilton					0				
	-	34 Hancock					0				
	-	35 Hardeman					0				
	-	36 Hardin					0				
	-	37 Hawkins					0				
	-	38 Haywood					0				
	-	39 Henderson					0				
	-	40 Henry					0				
	-	41 Hickman					0				
	-	42 Houston					0				
	-	43 Humphreys					0				
	-	44 Jackson					0				
	-	45 Jefferson					0				
	-	46 Johnson					0				
	-	47 Knox					0				
	-	48 Lake					0				
	-	49 Lauderdale					0				
	-	50 Lawrence					0				
	-	51 Lewis					0				
	-	52 Lincoln					0				
	-	53 Loudon					0				
	-	54 McMinn					0				
	-	55 McNairy					0				
	-	56 Macon					0				
	-	57 Madison					0				
	-	58 Marion					0				
	-	59 Marshall					0				
	-	60 Maury					0				
	-	61 Meigs					0				
	-	62 Monroe					0				
	-	63 Montgomery					0				
	-	64 Moore					0				
	-	65 Morgan					0				
	-	66 Obion					0				
	-	67 Overton					0				

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule F - Patient Utilization (Continued)

Do not enter zero. Blank fields will represent zero residents.

Patient Origin TN Counties (Cont)	Check the counties you are licensed to serve		Number of Patients Served				Total Patients (System Calculation)	Number of Days	Number of Patients Served		
			Age (in years)						Race		
			0-17	18-64	65-74	75 +			White	Black	Other
	-	68 Perry					0				
	-	69 Pickett					0				
	-	70 Polk					0				
	-	71 Putnam					0				
	-	72 Rhea					0				
	-	73 Roane					0				
	-	74 Robertson					0				
	-	75 Rutherford					0				
	-	76 Scott					0				
	-	77 Sequatchie					0				
	-	78 Sevier					0				
	-	79 Shelby					0				
	-	80 Smith					0				
	-	81 Stewart					0				
	-	82 Sullivan					0				
	-	83 Sumner					0				
	-	84 Tipton					0				
	-	85 Trousdale					0				
	-	86 Unicoi					0				
	-	87 Union					0				
	-	88 Van Buren					0				
	-	89 Warren					0				
	-	90 Washington					0				
	-	91 Wayne					0				
	-	92 Weakley					0				
	-	93 White					0				
	-	94 Williamson					0				
	-	95 Wilson					0				
		96 Unknown					0				
	(System calculation) Tennessee Total		0	0	0	0	0	0	0	0	0

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule F - Patient Utilization (Continued)

Do not enter zero. Blank fields will repesent zero residents.

		Number of Patients Served				Total Patients (System Calculation)	Number of Days	Number of Patients Served		
		Age (in years)						Race		
		0-17	18-64	65-74	75 +			White	Black	Other
Patient Origin Out of State	01 Alabama					0				
	04 Arkansas					0				
	11 Georgia					0				
	18 Kentucky					0				
	25 Mississippi					0				
	26 Missouri					0				
	34 North Carolina					0				
	47 Virginia					0				
	55 Other States/ Countries					0				
	(System calculation) Non-Tennessee Total	0	0	0	0	0	0	0	0	0
(System Calculation) Tennessee & Non-Tennessee Total		0	0	0	0	0	0	0	0	0

Patients by Diagnosis	Number of Patients with Diagnoses of the following:	
	Cancer	
	AIDS	
	Other	
	Total (System Calculation)	0

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule G - Personnel

Please indicate the number of paid personnel as of the last day of the reporting period. Do not include a type of personnel for which you do not provide that type of service. For example, do not include Physical Therapists unless you provide Physical Therapy services. Record zero where appropriate. Leave the item blank if the value is unknown. Full Time Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered Nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. Additional examples of FTEs: 40 hours = 1 FTE; 30 hours = .75 FTE; 20 hours = .5 FTE; 10 hours = .25 FTE. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE. The sum of full-time personnel plus part time personnel (in full-time equivalents) added together equal the total number of full-time equivalents.

Type of Personnel by Service

Type	Number of Personnel by type			
	Employee		Contract	
	Full-Time	Part-Time In FTE	Full-Time	Part-Time In FTE
Administrators and Assistant Administrators				
Clinical Directors/Assistant Directors				
Other Administrative Personnel				
Nurse Practitioner				
Direct Nursing Services - RNs				
Direct Nursing Services - LPNs				
Physical Therapy Services				
Occupational Therapy Services				
Speech/Language Pathology Services				
Social Workers				
Respiratory Therapists				
Hospice Aides				
Homemakers				
Office Personnel (Clerical)				
Financial/Billing Personnel				
Medical Director				
Bereavement Counselor				
Other Counselors				
Nutritionists/Dieticians				
Chaplains				
Volunteer Coordinator				
Other, Specify				
Other, Specify				
Other, Specify				
(System Calculation) Total	0	0.00	0	0.00

Volunteer

Number of Volunteers (unpaid personnel of any type through out the year)	
Number of Volunteer Hours (hours of service by volunteers through out the year)	
Number of Volunteer Visits (visits by volunteers through out the year)	

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule H - Alternate Sites

Other Sites	Do you have alternate sites in other locations?				Yes/No	-
	If yes, please provide names and addresses of up to 12 alternate sites:					
	Site 1	Name				
		Street				
		City		County		
		State		Zip Code		
	Site 2	Name				
		Street				
		City		County		
		State		Zip Code		
	Site 3	Name				
		Street				
		City		County		
		State		Zip Code		
	Site 4	Name				
		Street				
		City		County		
		State		Zip Code		
	Site 5	Name				
		Street				
		City		County		
		State		Zip Code		
	Site 6	Name				
		Street				
		City		County		
		State		Zip Code		

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule H - Alternate Sites

Other Sites (Continued)	Site 7	Name			
		Street			
		City		County	
		State		Zip Code	
	Site 8	Name			
		Street			
		City		County	
		State		Zip Code	
	Site 9	Name			
		Street			
		City		County	
		State		Zip Code	
	Site 10	Name			
		Street			
		City		County	
		State		Zip Code	
	Site 11	Name			
		Street			
		City		County	
		State		Zip Code	
	Site 12	Name			
		Street			
		City		County	
		State		Zip Code	

Provisional Provisional

State ID:	00000	Facility Name:	-	2014

Schedule Adm Dec - Administrator's Declaration

Administrator's Declaration	-	I, the administrator, declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.	
Date (mm/dd/yyyy) (use slashes)			